## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

<del>-63-005184</del>

				DEPARTMENT OF PUBLIC HEALTH AND WELFARE 38 Primary Registration District No. 3006 Registrat's No. 101 STATE FILE NUMBER						
DO NOT WRITE ON THIS STUB		AMENDE	ED .	Registration District No. Primary Registration District No. 2009	Kegistrar's No. C. 24					
OIT INIS STUB				1 PLACE OF PEATH	USUAL RESIDENCE (Where deceased lived. If institution; Residence before					
ve son. I	ما	1 1 1	1 1 1	a. COUNTY D	STATE L COUNTY -1-1-1-1					
VS 300	민	1 1 1	1 1 1	boone	<u> Missouri Boone</u>					
Rev. 4/59	叧	1	1 1	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b c	c. CITY Inside Limits OR					
	AMENDED		1   1	TOWN G 3 3 4						
0109	\\		1   1	c. FULL NAME OF (If NOT in hospital, give location)	d. STREET (If cutside, give location) Reside on Farm					
<u>v · v · 1</u>	끧		1   1	HOSPITAL OR	ADDRESS					
20109	DATE		1   1	INSTITUTION 509 Edgewood Ave.	509 Edgewood Yes No N					
3	干	++	H	3. NAME OF DECEASED First Middle La	ast 4. DATE Month Day Year					
		1   1	1   1	(Type or print) OTTO SMITH CRISLE	I OF					
4 ,		11	1 1							
- 3		1 1 ,	++1	- #1	Mariba Dave Maria Mile					
5			1   1	Mare   White	26-1879 828 3					
	_			10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR INDUSTRY   11.	. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY					
6	Ş	,		during most of working life, even if retired)  Pottimed Proof of Voterinary Medicine Li	imaburg Kentucky U.S.A.					
7 1	9	} ,	1 1 1	Retired Prof. of Veterinary Medicine Li	imaburg, Kentucky II.S.A.					
<u>'                                    </u>	FOLLOW			Robert S. Crisler Lou Anne Clore	Ruby Buckman					
8 🖚 1	יב ב	,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.						
<del></del> -;	⋖			(Yes, no, or unknown) (If yes, give war or dates o	s. O.S. Crisler, Columbia, Mo.					
	ARE			. 10 CALLER OF BEATH /F-A	' INTEDVAL RETWEEN					
10 21	3	11,		TAKE I. DEMIN WAS CAUSED BY:	acture of skull tew min					
		1 1 1	<u>Ş</u>	IMMEDIATE CAUSE (a)	The state of the s					
	낊호		١١١	Conditions If the State of the						
126/2	S R	`	'	Conditions, if any, which gave rise to						
	THIS			above cause (a), stating the under-						
133-0	֚֓֞֡֓֞֡֡֡֡֓֓֡֡֡֡֓֓֡֡֡֡֓			lying cause last.   DUE TO (c)	t not related to the terminal PART III. If decessed was female was					
<del>  </del> ;	δļ	,	1 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but disease condition given in PART I (a)	t not related to the terminal PART III. If deceased was temate was there a pregnancy in last 90 days.					
];	<u>5</u>	11,	1	disease condition given in PART I (a) Cerebra l'artenoscleros is	☐ Yes ☐ No ☐ Unknown					
ļ	<b>E</b>			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJU	JURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
15	< 1	11.			down as Il- water on checking					
1!	ا چ		t:   1		TOWN LETTON STEDE STOTE					
_	VEND		I I'	20c. TIME OF Hout Month, Day, Year	down cellar steps striking					
y Z	AMENDMENTS			20c. TIME OF Hour Month, Day, Year INJURY a.m. 2-14-63	-floor.					
NK 3BON	AMENU			20c. TIME OF Hour Month, Day, Year INJURY a.m. 2-/4-63  20d. INJURY DOCUBERD 20c. PLACE OF INJURY (e.g., in or about home, 20f. Cl	TITY, TOWN, OR LOCATION COUNTY STATE					
RIBBO	AMEND			20c. TIME OF Hour Month, Day, Year INJURY a.m. 2-/4-63  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, 20f. Cl farm, factory, street, office bldg., etc.)	-floor.					
RIBBO				20c. TIME OF Hour Month, Day, Year INJURY a.m. 2 - /4 - 63  20d. INJURY OCCURRED WHILE AT WORK AND NOT WHILE WHILE WHILE WORK AND NOT WHILE WHILE WHILE WHILE WAS AND NOT WHILE WHILE WHILE WAS AND NOT WHILE WHILE WAS AND NOT WHILE WHILE WAS AND NOT	Columbia Boone Mo.					
RIBBO				20c. TIME OF Hour Month, Day, Year INJURY a.m. 2 - /4 - 63  20d. INJURY OCCURRED WHILE AT WORK AT MORK AT MORK AT MORK AT MORK AT WORK AT MORK AT MORE	Columbia Boone Mo.					
RIBBO	READ			20c. TIME OF Hour Month, Day, Year INJURY a.m. 2-/4-63  20d. INJURY OCCURRED WHILE AT WORK A 1 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21. 1 attended the deceased from Death occurred at 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21. 1 attended the deceased from Canada 1:00 9 m on the data	LITY, TOWN, OR LOCATION COUNTY STATE  Columbia Boone Mo.  and last saw her him alive on  a stated above, and to the best of my knowledge, from the causes stated.					
RIBBO	READ		)F	20c. TIME OF Hour Month, Day, Year INJURY a.m.  Ca /:00 = 2-/4-63  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  NOT WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21. 1 attended the deceased from Death occurred at	EITY, TOWN, OR LOCATION  Columbia  Boone  Mo.  and last saw her him alive on a stated above, and to the best of my knowledge, from the causes stated.  ASPRESS  22c. DATE SIGNED					
RIBBO			'IT OF	20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, 20f. CI  20d. INJURY OCCURRED WHILE AT WORK A CALL OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21. 1 attended the deceased from Death occurred at Call CO A m on the data  22s. SIGNATURE  Degree of title)  22b.	LITY, TOWN, OR LOCATION  Columbia  Boone  Mo.  and last saw her him alive on  a stated above, and to the best of my knowledge, from the causes stated.  Agdress  Olimbia,  Wo  2-14-63					
BLACK INK OR /RITER RIBBC	SHOULD READ			20c. TIME OF Hour Month, Day, Year INJURY a.m. 2 - /4 - 63  20d. INJURY OCCURRED WHILE AT WORK DESCRIPTION OF THE WORK DESCRI	and last saw her him alive on her stated above, and to the best of my knowledge, from the causes stated.  ASDRESS  ORY  23d. LOCATION (City, town, or county)  COUNTY  STATE  Mo  20 M  21 M  22c. DATE SIGNED  2-/4-63  (State)					
RIBBO	SHOULD READ		FIDAVIT OF	20c. TIME OF Hour Month, Day, Year INJURY a.m. 2 - /4 - 63  20d. INJURY OCCURRED WHILE AT WORK DESCRIPTION OF THE WORK DESCRI	ETY, TOWN, OR LOCATION  Columbia  Boone  Mo.  and last saw her him alive on a stated above, and to the best of my knowledge, from the causes stated.  APPRESS  ORY  23d. LOCATION (City, town, or county)  Lery  Burlington, Kentucky					
RIBBO	NO. SHOULD READ			20c. TIME OF Hour Month, Day, Year INJURY a.m. 2 - /4 - 63  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21. I attended the deceased from Death occurred at Degree title)  22a. SIGNATURE  22b. Degree title)  22c. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify)  23c. NAME OF CEMETERY OR CREMATOR Degree title)  23c. NAME OF CEMETERY OR CREMATOR DEGREE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  20f. CI	and last saw her him alive on her stated above, and to the best of my knowledge, from the causes stated.  ASDRESS  ORY  23d. LOCATION (City, town, or county)  COUNTY  STATE  Mo  20 M  21 M  22c. DATE SIGNED  2-/4-63  (State)					
RIBBO	SHOULD READ		FFIDAVIT	20c. TIME OF Hour Month, Day, Year INJURY a.m. 2 - /4 - 63  20d. INJURY OCCURRED WHILE AT WORK   20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  21. 1 attended the deceased from Death occurred at Degree title)  22a. SIGNATURE  23a. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL (Specify)  23b. DATE  23c. NAME OF CEMETERY OR CREMATOR ODD COMMENT OF CEMETERY OF CREMATOR ODD COMMENT ODD	e stated above, and to the best of my knowledge, from the causes stated.  Agress  ORY  23d. LOCATION (City, town, or county)  CD. BY LOCAL REG.  26. REGISTRAR'S SIGNATURE					

FEB 2 0 1963

## STATEMENT BY LICENSED EMBALME

or by		ecorded on the reverse side of this certificate was embalmed by me,
workir	g under my personal supervision.	
Studen		Signed Longo a Kerfuf
	organists of Stockin Embanter	: Licensed Embalmer No.4152
	Control of the Contro	P. O. Address Salumbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.